

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98992 Office of Registrar of Vital Statistics. Ward 6u

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Virginia Rickels

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 14 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, always

Place of Death, { Give Street and Number. } 406 N. Battle St

Cause of Death, { First (Primary), Second (Immediate), } Spasms

Duration of Last Sickness, About 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Charles Cemetery

Date of Burial, April 4th 1887

Undertaker, John S. Bach John Davis M. D.

Medical Attendant.

Place of Business, No 150 Camden Address, Chester near Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98993 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Flynn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years, Months, Days

Color, Wh

~~Married~~, ~~Single~~, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give Street and Number. } 126 Ramsay St

Cause of Death, { First (Primary), Second (Immediate), } Tuberculosis
Exhaustion

Duration of Last Sickness, about 6 mos

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, April 5th 1887

{ Undertaker, John D. Leacher } Wm. J. Lokenwood M. D.
Medical Attendant.

{ Place of Business, No 150 Camden St } Address, Park Ave x Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 2*

Full Name of Deceased, *James H. Hopkins*

Sex, Male or ~~Female~~, *Male*

Age, *68th* Years, *0* Months, *0* Days

Color, *White* Sex, *Male*

Married, ~~Single~~ *Widow* or ~~Widower~~ *Widower*

Occupation, *Builder*

Birthplace, *Salisbury Co.*

Duration of Residence in the City of Baltimore, *Forty five years*

Place of Death, *231 Laurel St.*

Cause of Death, *Heart disease into Cardiac Asthma*

Duration of Last Sickness, *About Seven years*

Place of Burial, *Mount Olivet City*

Date of Burial, *April 5th 1889*

Undertaker, *John S. Neacher*

Place of Business, *No 150 Camden St*

Address, *1008 Mad. Ave*

Medical Attendant, *H. M. Britton M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 98995 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Burtha Simms

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 11 Years, Months, Days,

Color, Col.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Washington D.C.

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and Number. } 324 Cohen Alley

Cause of Death, { First (Primary), Haematuria
Second (Immediate), Two weeks

Duration of Last Sickness, Two weeks

Place of Burial, Bonnie Oak Cemetery

Date of Burial, April 5th 1887

Undertaker, J. H. James Gray

Place of Business, 65 Mulberry St, Address, 612 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER]

No. 7176

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98996 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 3rd 1887

Full Name of Deceased, Thomas Bushey

Sex, Male or Female, Male

Age, 86 Years, Months, Days

Color, white

Married, Single, Widow or Widower, Single

Occupation, None

Birth Place, Balto Co

Duration of Residence in the City of Baltimore, 57 years

Place of Death, No 376 (old no) Lafayette Ave

Cause of Death, Paralysis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Woodensburg Md

Date of Burial, April 5/87

Undertaker, Chas L Scriver

Place of Business, 925 Madison Ave

M. D. M. D. Medical Attendant.

Address, 901 S. ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98997 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Kraft
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 1 Years, 4 Months, ✓ Days
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, _____
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, { Give Street and Number. } 39 Haw Street
Cause of Death, { First (Primary), Burns location { Scalp, back }
Second (Immediate), Traumatic fever cause { Boiling soup }
Asthma
Duration of Last Sickness, Ten days
All the above information should be furnished by the Physician.
Place of Burial, Western Cemetery
Date of Burial, April 6
{ Undertaker, Geo Leimbach } Jos. Blum M. D.
{ Place of Business, 643 Pratt St } Address, 76 Columbia Ave
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98998

Office of Registrar of Vital Statistics.

Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 2 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willt Walzel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 Years, Months, Days.

Color, Black

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, B. City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, { Give Street and Number. } 618 China St.

Cause of Death, { First (Primary), Second (Immediate), } Scrofula

Duration of Last Sickness, 4 yrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 4 1887

Undertaker, Hercules Ross

Place of Business, 404 Cornway St

Address, 915 Light

Medical Attendant, R. P. Ellis M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 98999 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1887

Full Name of Deceased, Susan Ports { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 73 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 73 years

Place of Death, { Give street and Number. } # 1904 McCulloch st

Cause of Death, { First, (Primary,) Carcinoma Second, (Immediate,) General Exhaustion }

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Apr. 3rd 1887.

Undertaker, Wm Weaver. } Calo Minslow M. D. Medical Attendant.

Place of Business, # 738 N. Eutan, St Address, 924 McCulloch

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99000 Office of Registrar of Vital Statistics.

Ward 9

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Frederick Percivall.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 69 Years, — Months, — Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Physician

Birth Place, { State or country, and how long in the United States, if of foreign birth. } On Atlantic Ocean (under British flag).

Duration of Residence in the City of Baltimore, Twenty one years.

Place of Death, { Give Street and Number. } 500 N. Calvert St.

Cause of Death, { First (Primary), Heart Disease (Possibly Pulmonary Embolism) Second (Immediate), Sudden failure of Heart's action }

Duration of Last Sickness, Twelve hours.

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md.

Date of Burial, April 5th 1887

Undertaker, J. Lewis Schaefer

Place of Business, 306 N. Fremont

George A. Roche M. D.
Medical Attendant.

Address, 611 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99001 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Achsah Perine

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 75 Years, _____ Months, _____ Days

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give Street and Number. } 628 (650d*) Columbia st

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 5th 1887 B. B. Browne M. D.

{ Undertaker, Geo Schilling Medical Attendant. }

{ Place of Business, Ashland square Address, 1218 Madison st }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.